DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Division of Housing Policy Development
1800 Third Street, Suite 430
P. O. Box 952053
Sacramento, CA 94252-2053
http://housing.hcd.ca.gov
(916) 323-3176

August 31, 1999

MEMORANDUM FOR: Local Redevelopment Agency Officials

[signature: Cathy E. Creswell]

FROM: Cathy E. Creswell, Acting Deputy Director
                                                   Division of Housing Policy Development

SUBJECT: **Reporting Forms (Schedules HCD-A, B, C, D1-7 and E1)**

Please use the attached COVER SHEET and SCHEDULES HCD-A, HCD-B, HCD-D1-7 and
HCD-E1 to report your redevelopment agency's (RDA) housing activities and the status and use of
the RDA's Low and Moderate Income Housing Fund during Fiscal Year 1998-1999.

All agencies, active <u>and</u> inactive, must complete and submit the HCD cover sheet to provide
general information and determine which schedules are required. Return the cover sheet and
required schedules to the State Controller no later than **December 31, 1999.** The Legislature
requires HCD to submit its report by April 1, 2000, so your timely preparation and return of the
forms is important and appreciated.

Please follow the guidelines listed below:

1. Follow the instructions on the cover sheet to determine which of the HCD schedules your
    agency must complete.

2. Be sure to answer <u>each</u> question or write in "not applicable" ("N/A") or "none" where a
    question does not apply or there was no activity.

3. Report dates numerically (e.g., 7/1/98 for July 1, 1998.)

4. Round off dollar amounts to the nearest dollar, and be sure financial information is consistent
    with that reported to the State Controller.

The forms refer to the Health and Safety Code sections which authorize or require this Department
to compile and report certain information to the Legislature. The entire text of code sections are
generally available in the office of your jurisdiction's legal counsel. **Also, please note the
opportunity for special recognition of an innovative or outstanding project or program
implemented during FY 98/99 (see Question 14 of Schedule HCD-C, Pages 6 of 8).**

If you have any questions or need additional assistance to complete this report, please contact Gary
Da Prato at (916) 324-9629 or Glen Campora at (916) 327-2640.

Attachments

ANNUAL REPORT OF HOUSING ACTIVITY
OF COMMUNITY REDEVELOPMENT AGENCIES
FOR FISCAL YEAR ENDED _____/_____/_____

Agency Name and Address: County of Jurisdiction:

_____   _____

_____

_____

_____

Redevelopment agencies must report annually on their housing activities and maintenance and use of the Low & Moderate Income Housing Fund (Health and Safety Code Section 33080.1). A copy of this report must be filed with the Department of Housing and Community Development (HCD) (Section 33080.3). HCD must compile and publish annually a report of redevelopment agencies' housing activities (Section 33080.6).

Please answer each of the following questions in order to determine which HCD Schedules your agency must prepare to provide a complete report of housing activity and fund balances for the reporting period.

1.   How many adopted project areas did the agency have during the reporting period? _____

   If one or more, prepare and submit a separate copy of SCHEDULE HCD-A for each adopted project area.

   If none, do not submit Schedule HCD-A.

2.   Did the agency conduct any housing activity outside of adopted redevelopment project areas during the reporting period?

   ☐ Yes. Prepare and submit one copy of SCHEDULE HCD-B for the agency.

   ☐ No. Do not submit Schedule HCD-B.

3.   Did the agency have any adopted project areas, or any funds in the Low & Moderate Income Housing Fund during the reporting period?

   ☐ Yes. Prepare and submit one copy of SCHEDULE HCD-C for the agency.

   ☐ No. Do not submit Schedule HCD-C.

4.   Were any housing projects completed during the reporting period?

   ☐ Yes. Prepare and submit all applicable HCD Schedules D1-D7 for each housing project completed and an HCD Schedule
       E1 summarizing **all** housing projects completed.

   ☐ No. Do not submit HCD Schedules D1-D7 or HCD Schedule E1.

To the best of my knowledge the representations made in the above statement and the disclosures contained in the HCD Schedule(s) submitted herewith are true and correct.

_____   _____

Date   Signature of Authorized Agency Representative

                                        _____

                                        Title

                                        _____

                                        Telephone Number

SCHEDULE HCD-A
Project Area Activity

for Fiscal Year Ended _____/_____/_____

Agency Name: _____   Project Area Name: _____

Preparer's Name, Title: _____   Preparer's E-Mail Address: _____

Preparer's Telephone No: _____   Preparer's Facsimile No: _____

General Information

1. a   Year plan for project area was adopted: _____   Current expiration of redevelopment plan: _____/_____/_____

                                                                                mo   day   yr

    b.   If project area name has changed, give previous name(s) or number:_____

    c.   Year(s) project areas merged: _____,_____,_____,_____

        Project areas merged:_____

    d.   Year(s) real property was: (1.) added: _____,_____,_____,_____(2.) removed: _____,_____,_____,_____

2. Project areas adopted, and areas added by amendment, after 12/31/75 are subject to section 33413. All other project areas are subject to Section 33413(a), effective 1/1/96, with respect to housing activity specified in Section 33413(d). An agency may elect to make all or part of Section 33413 apply to a project area for which a plan was adopted before 1/1/76. If the redevelopment plan for the subject project area was adopted before 1/1/76, and the agency has elected to apply all or part of Section 33413, provide the date and scope of the resolution.

    Date: _____/_____/_____;   Scope:_____.
          mo   day   yr

Project Area Housing Fund Revenues and Other Sources

3. Report all revenues and other sources of funds from this project area which accrued to the agency's Housing Fund this reporting year. Any income related to agency-assisted housing located outside the project area(s) should be reported as "Other Revenue" on line 3j. (of this Schedule A), if this project area is named as beneficiary in the authorizing resolution. Any other revenue sources not reported on lines 3a.-3i., should also be reported on line 3j.

    Enter the full 100% of gross tax increment allocated (prior to any pass through and deduction for fees) on line 3a(1). Calculate 20% of gross tax increment and enter the amount on line 3a(2). To determine the amount of Tax Increment deposited to the Housing Fund (line 3a(6)), subtract allowable exempted (line 3a(4)) or deferred (line 3a(5)) amounts from the Tax Increment Allocated to Housing Fund (line 3a(3)).

    NOTE:
    Expenditures for debt service should be reported on Schedule HCD-C (Page 2, Line 3c.).

    Dollar amounts for items HCD-A lines 3a.-3f. and 3i. (where an italicized line number is noted in parentheses) can be taken directly from that line number on the State Controller's Annual Report of Financial Transactions of Community Redevelopment Agencies, Project Area Income Statement, except for the reclassifying of Transfers-In from Internal Funds and the reporting of Other Sources as discussed below.

    Transfers-In from other internal funds: The specific sources of transferred funds must be reported in items HCD-A lines 3a.-j. For example: transfers into the Housing Fund from the Debt Service Fund for the deposit of the 20% setaside should be reported on line 3a(3).

    Other Sources: Non-GAAP revenues such as land sales for those Agencies using the Land Held for Resale method to record land sales should be reported on HCD-A line 3d. Money received for the repayment of loan principal to the Housing Fund should be included on HCD-A line 3h.

Agency Name: _____   Project Area Name: _____

3. a. Tax Increment:

      (1) 100% of Gross *(line 1E)*: $_____

      (2) Minimum Deposit to Housing Fund (Line 3a(1) x 20%): $_____

      (3) Tax Increment Allocated to Housing Fund * $_____

      Less:

      (4) Amount Exempted (if there is an amount exempted, also
            complete question #4 (HCD-A, Page 3 of 5):   ($_____)

      (5) Amount Deferred (if there is an amount deferred, also
            complete question #5 (HCD-A, Page 3 of 5):   ($_____)

      (6) Tax Increment Deposited to Housing Fund [actual amount deposited, Lines 3a: (3) - (4) - (5)] $ _____

      * If less than 20% of the Gross Tax Increment (see 3a(2) above) is being set aside in
         this project area in accordance with Section 33334.3(i); identify the project area(s)
         contributing the difference:

         _____

      * Explain below if less than 20% is being set aside for any other reason:

         _____

    b. Interest Income (*line 5*): $_____

    c. Rental/Lease Income (*lines 6 + 7*): $_____

    d. Sale of Real Estate (*line 8*): $_____

    e. Grants (*lines 9 + 10*): $_____

    f. Bond Administrative Fees (*line 11*): $_____

    g. Deferral Repayments: $_____

    h. Loan Repayments: $_____

    i. Debt Proceeds (*line 39*): $_____

    j. Other Revenue (Specify) _____ $_____

    k. Total Housing Fund Deposits for this Project Area
       (add 3a(6). through 3j.): $_____

Agency Name: _____   Project Area Name: _____

<u>**Exemption(s)**</u>
4. a. If you are claiming an exemption from making the minimum 20% set-aside, indicate the reason. <u>Check only one</u> of the
        below Health and Safety Code Section boxes:

☐ Section 33334.2(a)(1): No need in community to increase/improve supply of lower or moderate income housing.

☐ Section 33334.2(a)(2): Less than 20% set-aside is sufficient to meet the need.

☐ Section 33334.2(a)(3): Community is making substantial effort equivalent in value to 20% set-aside and has specific
        contractual obligations incurred before May 1, 1991 requiring continued use of this funding.

When was the <u>initial</u> finding adopted?   _____/_____/_____
                                                  mo   day   yr
Identify Resolution # _____   Date Resolution sent to HCD: _____/_____/_____
                                                                                    mo   day   yr

> **Note: Pursuant to Section 33334.2(a)(3)(C), this exemption expired on June 30, 1993.**

☐ Other: Specify code section and reason:

b. When was <u>current year</u> finding adopted for any exemption claimed in 4.a.?   _____/_____/_____
                                                                                        mo   day   yr

Identify Resolution # _____   Date Resolution sent to HCD: _____/_____/_____
                                                                            mo   day   yr

<u>**Deferral(s)**</u>
5. a. If you are deferring the set-aside, indicate the reason. <u>Check only one</u> of the below Health and Safety Code Section boxes:

☐ Section 33334.6(d): Project was adopted before 1977 and tax increments are needed to meet existing debts.

When was the <u>initial</u> finding adopted?   _____/_____/_____
                                                  mo   day   yr
Identify Resolution # _____   Date Resolution sent to HCD: _____/_____/_____
                                                                                    mo   day   yr

> **Note: The previous allowable deferral under Section 33334.6(e) expired. It was only
> allowable in each fiscal year prior to July 1, 1996 with certain restrictions.**

☐ Other: Specify code section and reason:

b. When was <u>current year</u> finding adopted for any deferral claimed in 5.a.? _____/_____/_____
                                                                                    mo   day   yr

Identify Resolution # _____   Date Resolution sent to HCD: _____/_____/_____
                                                                        mo   day   yr

c. A deferred set-aside pursuant to Section 33334.6(d) constitutes an indebtedness to the Housing Fund equal to the amount of
    the set-aside being deferred. Summarize the amount(s) of set-aside deferred during this fiscal year and cumulatively:

Fiscal Year	Amount Deferred During FY	Amount of Prior FY Deferrals Repaid During FY	Cumulative Amount Deferred (Less Any Amount Repaid)
97/98	$	$	$
98/99	$	$	$ *

> *The cumulative amount of deferred set-aside should also be shown on Line 5b. of Schedule HCD-C, Page 3 of 8.*

If the FY 97/98 cumulative deferral shown here differs from what was reported on the last HCD report, indicate the
amount of difference and the reason:

Difference: $_____   Reason: _____

Agency Name: _____   Project Area Name: _____

Deferral(s) Line 5 (continued)

    d.   Section 33334.6(g) requires any agency which defers set-asides to adopt a plan to eliminate the deficit in subsequent years. If this agency has deferred set-asides, has it adopted such a plan?   Yes ☐   No ☐

       If yes, by what date is the deficit to be eliminated?   _____/_____/_____
                                                              mo   day   yr

       If yes, when was the <u>original</u> plan adopted for the deferral claimed? _____/_____/_____
                                                              mo   day   yr

       Identify Resolution # _____   Date Resolution sent to HCD _____/_____/_____
                                                              mo   day   yr

       When was the <u>last amended</u> plan adopted for the deferral claimed? _____/_____/_____
                                                              mo   day   yr

       Identify Resolution # _____   Date Resolution sent to HCD _____/_____/_____
                                                              mo   day   yr

Housing Units Lost and Households Displaced

6.   a.   Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of dwelling units and bedrooms destroyed or removed from this project area as a result of redevelopment activities; the number of above moderate units or bedrooms the agency is <u>not</u> required to replace; and the income category and type of households permanently displaced from the project area <u>during</u> the fiscal year.

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					
Units Lost (Removed or Destroyed, and Required to be Replaced)				■	
Bedrooms Lost (Removed or Destroyed, and Required to be Replaced)				■	
Units Lost (Above Moderate: Not Required to be Replaced)	■	■	■		
Bedrooms Lost (Above Moderate: Not Required to be Replaced)	■	■	■		

    b.   Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of households permanently displaced as a result of redevelopment activities other than the destruction or removal of dwelling units and bedrooms from this project area; and the income category and type of households displaced from the project area <u>during</u> the fiscal year.

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

    c.   Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms <u>during</u> the fiscal year and identified in paragraphs in 6a. and 6b. as follows:

       Date _____/_____/_____   Name of Agency Custodian _____
              mo   day   yr
       Date _____/_____/_____   Name of Agency Custodian _____
              mo   day   yr
       Date _____/_____/_____   Name of Agency Custodian _____
              mo   day   yr

       | Please attach a separate sheet of paper listing any additional housing plans adopted. |

Agency Name: _____   Project Area Name: _____

7. a. As required in Section 33080.4(a)(2), estimate the type and number of households, by income category, to be permanently displaced from this project area during the <u>next</u> reporting period (**Fiscal Year 1999-2000**):

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

b. Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms during the next reporting period and identified in paragraph 7a. as follows:

Date _____/_____/_____   Name of Agency Custodian _____
      mo   day   yr

Date _____/_____/_____   Name of Agency Custodian _____
      mo   day   yr

Date _____/_____/_____   Name of Agency Custodian _____
      mo   day   yr

> Please attach a separate sheet of paper listing any additional housing plans adopted.

8. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units financed by any federal, state, local, or private source to be constructed inside the project area, within the <u>next two years</u>, pursuant to an executed contract or agreement. Also include the estimated completion dates of the units.

> **DO NOT REPORT ANY UNITS SHOWN ON SCHEDULE HCD-B #3 OR SCHEDULE HCD-Ds.**

Name of Contractor/Project	Execution Date	Estimated Date of Completion	VL	L	M	Total

> Please attach a separate sheet of paper listing any additional housing plans adopted.

SCHEDULE HCD-B

Activity Outside Project Area

for Fiscal Year Ended _____/_____/_____

Agency Name: _____ Project Area Name: _____

Preparer's Name, Title: _____ Preparer's E-Mail Address: _____

Preparer's Telephone No: _____ Preparer's Facsimile No: _____

Housing Units Lost and Households Displaced

1. a. Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of dwelling units and bedrooms destroyed or removed from outside the project areas as a result of redevelopment activities; the number of above moderate units or bedrooms the agency is <u>not</u> required to replace; and the income category and type of households permanently displaced from outside the project areas during the fiscal year.

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					
Units Lost (Removed or Destroyed, and Required to be Replaced)				█	
Bedrooms Lost (Removed or Destroyed, and Required to be Replaced)				█	
Units Lost (Above Moderate: Not Required to be Replaced)	█	█	█		
Bedrooms Lost (Above Moderate: Not Required to be Replaced)	█	█	█		

   b. Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of households permanently displaced as a result of redevelopment activities other than the destruction or removal of dwelling units and bedrooms from outside the project areas; and the income category and type of households permanently displaced from outside the project areas <u>during</u> the fiscal year.

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

   c. Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms during the fiscal year and identified in paragraphs in 6a. and 6b., as follows:

   Date _____/_____/_____   Name of Agency Custodian   _____
         mo   day   yr

   Date _____/_____/_____   Name of Agency Custodian   _____
         mo   day   yr

   Date _____/_____/_____   Name of Agency Custodian   _____
         mo   day   yr

   | Please attach a separate sheet of paper listing any additional housing plans adopted. |

Agency Name: _____

2. a. As required in Section 33080.4(a)(2), estimate the type and number of households, by income category, to be permanently displaced from outside the project area during the <u>next</u> reporting period (**Fiscal Year 1999-2000**):

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

b. Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms during the <u>next</u> reporting period and identified in paragraph 7a., as follows:

Date _____/_____/_____   Name of Agency Custodian _____
       mo   day   yr

Date _____/_____/_____   Name of Agency Custodian _____
       mo   day   yr

Date _____/_____/_____   Name of Agency Custodian _____
       mo   day   yr

> Please attach a separate sheet of paper listing any additional housing plans adopted.

3. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units financed by any federal, state, local, or private source to be constructed outside the project area, within the <u>next two years</u>, pursuant to an executed contract or agreement. Also include the estimated completion dates of the units.

> **DO NOT REPORT ANY UNITS SHOWN ON SCHEDULE HCD-A #8 OR SCHEDULE HCD-Ds.**

Name of Contractor/Project	Execution Date	Estimated Date of Completion	VL	L	M	Total

> Please attach a separate sheet of paper listing any additional housing plans adopted.

Agency-wide Activity

for Fiscal Year Ended _____/_____/_____

Agency Name: _____

Preparer's Name, Title: _____   Preparer's E-Mail Address: _____

Preparer's Telephone No: _____   Preparer's Facsimile No: _____

Low & Moderate Income Housing Funds

Report on the "status and use of the agency's Low and Moderate Income Housing Fund," including information developed to comply with Sections 33080.4(a)(6) and (a)(8). Information reported here should be based on that reported to the State Controller.

1. Beginning Balance

    (Must equal line 4, "Net Resources Available" from last year's HCD-C form): $_____

    If Beginning Balance is not the same as Line 4 from Schedule HCD-C, Page 2 of 5, for **FY 97/98**,

    indicate the:

            Amount of the adjustment (indicate whether positive or negative): $_____

            Reason(s) for each difference: _____.

    Adjusted Beginning Balance (Beginning Balance plus or minus the adjustment): $_____

2. Resources:

    a. Total Resources From Project Areas:
        (Sum of amount(s) from line *3k.* on Schedule HCD-A(s)): $_____
    b. Other resources not reported on Schedule HCD-A(s)
        (Specify:_____): $_____

3. Subtotal of Expenditures and Other Uses (total of HCD-C, pages 2-3, lines 3a.-k. below):   ($_____)

    NOTE:
    The line items below were expanded to include specific line items from the State Controller's Annual Report of Financial Transactions of Community Redevelopment Agencies to facilitate preparation of the report.

    Dollar amounts for items where an italicized line number is noted in parentheses can be taken directly from the line number(s) on the State Controller's Annual Report of Financial Transactions of Community Redevelopment Agencies, Consolidated Income Statement, except for reclassifying of Transfers-Out to Internal Funds and the reporting of Other Uses as discussed below.

    Transfers-out to other internal funds: The specific use of transferred funds must be reported on HCD-C lines 3a.-k. For example: transfers from the Housing Fund to the Debt Service Fund for the repayment of debt should be reported in line 3c. Any transfers out of the Agency (for example: the transfer of excess surplus funds to the Housing Authority) should be reported in line 3j(3).

    Other Uses: Non-GAAP expenditures such as land purchases for those Agencies using the Land Held for Resale method to record land purchases should be reported on HCD-C line 3a(1). Money spent on loans from the Housing Fund should be included in lines 3b., 3f., 3g. and 3h. as appropriate.

    ALWAYS REFER TO THE COMMUNITY REDEVELOPMENT LAW TO DETERMINE THE APPROPRIATENESS OF EXPENDITURES FROM THE LOW AND MODERATE INCOME HOUSING FUND. HCD IS NOT REPRESENTING THAT ALL IDENTIFIED EXPENDITURES ARE ALLOWABLE EXPENDITURES OR USES.

Agency Name: _____

3. Subtotal of Expenditures and Other Uses (continued)

   a. <u>Property Acquisition</u>:
      Acquisition of Property/Building Sites (33334.2(e)(1)) & Housing Acquisition (33334.2(e)(6)):

     (1) Real Estate Purchases *(Line 17)*: $ _____
     (2) Acquisition Expense *(Line 20)*: $ _____
     (3) Operation of Acquired Property *(Line 21)*: $ _____
     (4) Relocation Costs *(Line 22)*: $ _____
     (5) Relocation Payments *(Line 23)*: $ _____
     (6) Site Clearance Costs *(Line 24)*: $ _____
     (7) Disposal Costs *(Line 26)*: $ _____
     (8) Other (Specify) _____ : $ _____
         Property Acquisition Subtotal: $ _____

   b. <u>Subsidies from the LMIHF</u>:

     (1) 1st Time Homebuyer Down Payment Assistance: $ _____
     (2) Rental Subsidies: $ _____
     (3) Purchase of Affordability Cov. (33413(b)2(B): $ _____
     (4) Other (Specify) _____ : $ _____
         Subsidies Subtotal to LMIHF *(line 31)*: $ _____

   c. <u>Debt Service</u> (33334.2(e)(9)):

     (1) Debt Principal Payments:

     (a)   Tax Allocation, Bonds & Notes: $ _____
     (b)   Revenue Bonds & Certificates of Participation: $ _____
     (c)   City/County Advances & Loans: $ _____
     (d)   U. S. State & Other Long -Term Debt: $ _____

     (2) Interest Expense *(Line 29)*: $ _____
     (3) Debt Issuance Costs *(Line 31.1)*: $ _____
     (4) Other (Specify) _____ : $ _____
         Debt Service Subtotal: $ _____

   d. <u>Planning and Administration Costs</u> (33334.3(e)(1)):

     (1) Administration Costs *(Line 14c)*: $ _____
     (2) Professional Services (not project based) *(Line 15c)*: $ _____
     (3) Planning, Survey/Design (not project based) *(Line 16c)*: $ _____
     (4) Indirect Nonprofit Costs (33334.3(e)(1)(B)): $ _____
     (5) Other (Specify) _____ : $ _____
         Planning and Administration Costs Subtotal: $ _____

Agency Name: _____

3. Subtotal of Expenditures and Other Uses (continued)

    e.   On/Off-Site Improvements (33334.2(e)(2)): $ _____
    f.   Housing Construction (33334.2(e)(5)): $ _____
    g.   Housing Rehabilitation (33334.2(e)(7)), *(Line 27c)*: $ _____
    h.   Maintenance of Mobilehome Parks (33334.2(e)(10)): $ _____
    i.   Preservation of At-Risk Units (33334.2(e)(11)): $ _____

    j.   Transfers Out of Agency:
    (1)   For Use Outside Community (33334.17) $ _____
    (2)   For Transit Village Development Plan (33334.19): $ _____
    (3)   Excess Surplus (33334.12(a)(1)(A)): $ _____
    (4)   Other (cite code section authorizing the transfer): $ _____
            Code Section_____
           Total Transfer Out of Agency: $ _____
    k.   Other (Specify):_____ $ _____

4. Net Resources Available (End of Year [1.+2a.+2b.-3a-k.]): $ _____

5. Other Housing Fund Assets (not included on Line 4, above):

    a.   Value of Land Purchased with Housing Funds and Held for
          Development of Affordable Housing $ _____
    b.   Indebtedness for Set-asides Deferred (Sec. 33334.6): $ _____
    c.   Loans Receivable for Housing Activities $ _____
    d.   Residual Receipt Loans $ _____
    e.   ERAF Loans Receivable (all years) (Sec. 33681): $ _____
    f.   Other Assets (Specify):_____ $ _____

6. Total Fund Equity (4.+5a. through 5f.): $ _____

> This line must equal line 39c. of the Balance Sheet on the State Controller's Annual Report of Financial Transactions of Community Redevelopment Agencies.

7. Total Equities
   (Enter line 39c. from the State Controller's Balance Sheet): **THIS LINE MUST EQUAL LINE 6.** $ _____

Excess Surplus

Pursuant to Section 33080.7, report any excess surplus funds (as defined in Section 33334.12(G)(1)). Excess surplus exists for the current reporting year if the Adjusted Balance (Schedule HCD-C, Page 3 of 5, line item 9b.(3)) of your agency's **1997/98 reporting forms** exceeds the greater of $1,000,000 or the aggregate amount of tax increments deposited into the Fund during the prior four fiscal years. (See the table in Schedule HCD-C, Page 4 of 8, line 8a., for **this reporting year**).

"Encumber" means committing funds pursuant to a legally enforceable contract or agreement for expenditure for authorized redevelopment housing activities (Section 33334.12(g)(2)). In accordance with Section 33334.12(g)(3)(A) and (B), the unencumbered balance may be adjusted to account for any remaining revenue added from debt proceeds and the difference between the sales price of land for affordable housing and its fair market value.

Agency Name: _____

8. Excess Surplus (continued):

    a. Fill in the following table to calculate and track your agency's excess surplus amounts for each fiscal year since **FY 94/95**.

Fiscal Year	Total Tax Increments Deposited in Housing Fund	Sum of Deposited Tax Increment in Housing Fund From Previous Four FYs	Adjusted Balance as of **7/1/98** *	Excess Surplus Balance for Each Fiscal Year as of **7/1/98**	Amount Expended and Encumbered in **FY 98/99** Against Each Fiscal Year's Excess Surplus as of **6/30/99**	Remaining Excess Surplus for Each Fiscal Year as of **6/30/99**
94-95	$			$	$	$
95-96	$			$	$	$
96-97	$			$	$	$
97-98	$			$	$	$
98-99		$	$	$	$	$

> ** Adjusted Balance at the beginning of **FY 98-99** is equal to the amount reported last year on HCD-C, Page 3 of 5, line 9b(3).*

    b. Are you eligible to adjust the Unencumbered Balance (End of Year)? If yes, identify the type and amount of the adjustment below in lines (4)(a). and (4)(b).:

      (1) Net Resources Over (Under) Expenditures and Uses (from line 4 on previous page): $ _____

      (2) Total Encumbrances (End of Year)-see Section 33334.12(g)(2) for a definition. (Amount of line 8b(1) (above)) encumbered per agreement or contract): $ _____

      (3) Unencumbered Balance (End of Year [8b(1) - 8b(2)]) $ _____

          Breakdown of Unencumbered Balance (End of Year):

          (a) Unencumbered Designated (portion of line 8b(3)) $ _____

          (b) Unencumbered Undesignated (portion of line 8b(3)) $ _____

      (4) Less Adjustments:

          (a) Debt Proceeds (33334.12(g)(3)(B)): $ _____

> **NOTE: ONLY INCLUDE THE UNSPENT PORTION OF DEBT PROCEEDS AND INCOME RELATED THERETO REMAINING IN THE HOUSING FUND AT THE END OF THE REPORTING YEAR.**

          (b) Land Sales (33334.12(g)(3)(A)): $ _____

      (5) Adjusted Balance: This will be the **7/1/99** adjusted balance used to calculate next year's excess surplus. $ _____

    c. If you reported an excess surplus for the current reporting year, briefly summarize the agency's plan (authorized in Section 33334.10) for encumbering or expending that amount:

    d. If plan described in 8c. was adopted, enter the date the plan was adopted: _____/_____/_____
                                                     mo   day   yr

Agency Name: _____

Miscellaneous Uses of Funds

9. If an amount is reported in 3e., pursuant to Section 33080.4(a)(6), report the total number of very low-, low-, and moderate-income households directly benefited from expenditures for <u>onsite/offsite improvements</u>, which resulted in new construction, rehabilitation, or the elimination of health and safety hazards. (If line 3e. of this schedule does not show expenditures for improvements, no units should be reported here.)

Income Level	Construction	Rehabilitation	Health and Safety	Duration of Deed Restriction
Very Low				
Low				
Moderate				

10. If the agency is holding land for future housing development (see 5a., above), summarize here the sites held, including acreage, date of purchase, zoning, and anticipated start date for the housing development.

Site Name/Location*	No. of Acres	Zoning	Purchase Date	Estimated Date Available	Comments

Please attach a separate sheet of paper listing any additional sites not reported above.

11. Section 33334.13 requires agencies which have used the Housing Fund to assist mortgagors in a homeownership mortgage revenue bond program, or home financing program described in that Section, to provide the following information:

a. Has your agency used the authority related to definitions of income or family size adjustment factors provided in Section 33334.13(a)?

Yes ☐   No ☐   Not Applicable ☐

b. Has the agency complied with requirements in Section 33334.13(b) related to assistance for very low-income households equal to twice that provided for above moderate-income households?

Yes ☐   No ☐   Not Applicable ☐

Agency Name: _____

12. Did the Agency use non-LMIHF funds as matching funds for the Federal HOME or HOPE program during the reporting period?

        YES ☐   NO ☐

If yes, please indicate the amount of non-LMIHF funds that were used for either HOME or HOPE program support.

        HOME $_____   HOPE $_____

13. Pursuant to Section 33080.4(a)(11), the description of the agency's activities shall include the date and amount of all deposits and withdrawals of moneys deposited to and withdrawn from the LMIHF during the reporting period. The deposit and withdrawal information must be kept and promptly submitted to HCD upon request and made available to any member of the public upon request.

Has your agency made any deposits to or withdrawals from the LMIHF? Yes ☐   No ☐

If yes, identify the document(s) describing the agency's deposits and withdrawals by listing for each document, the following (attach additional pages as necessary):

    Name of document: _____
    Date of document: _____/_____/_____
                                    mo   day   yr
    Name of Agency Custodian: _____
    Custodian telephone number: _____
    Where to obtain a copy: _____

    Name of document: _____
    Date of document: _____/_____/_____
                                      mo   day   yr
    Name of Agency Custodian: _____
    Custodian telephone number: _____
    Where to obtain a copy: _____

Achievements

14. Please briefly describe one outstanding or innovative project, practice, or program the agency participated in during this reporting period to increase, improve or preserve the community's affordable housing supply. Provide the following information along with the program or project description:

    a. Name of Project or Program: _____
    b. Contact Person: _____
    c. Telephone Number (contact person) _____
    d. Description: _____

    Owner/Developer: _____

    Management Entity: _____

    Architect: _____

    Contractor: _____

    Funds Utilized: (Sources) Type:
    ☐ Construction   ☐ Permanent Loan/Grant   ☐ Land Lease   ☐ Other_____

Agency Name: _____

Development Type:

☐ Rental New Construction,
☐ Rental Rehabilitation Only
☐ Rental Acquisition & Rehabilitation
☐ New Construction of For Sale Units
☐ Owner Occupied Rehabilitation
☐ Mortgage Assistance of For Sale Units:
　　☐ 1st Time Homebuyers
　　☐ Other Assistance
☐ Other_____

Resident Profile (State Income Levels) and Special Needs Designations:　　　　**Income Range**

Very-low Income	$_____	$_____
Low Income	$_____	$_____
Moderate Income	$_____	$_____
Above Moderate Income	$_____	$_____

#	DISABLED (MENTAL)	#	FARMWORKER (PERMANENT)	#	TRANSITIONAL HOUSING
#	DISABLED (PHYSICAL)	#	FEMALE HEAD OF HOUSEHOLD	#	ELDERLY
#	FARMWORKER (MIGRANT)	#	LARGE HOUSEHOLDS (4 or more Bedrooms)	#	EMERGENCY SHELTERS

Density (units per Acre): _____

Development /Residential (Income Levels) Profile

Number of Units:

Type	Size (sf)	Rental Rate	VLOW	LOW	MOD	AMOD	Total No/Units
1 BR							
2 BR							
3 BR							
4 BR							
TOTAL							

Funding:

Source = CDBG, HOME, LIHTC, MRB (Specify)

Type = Construction, Permanent Loan/Grant Land Lease or Other (Specify)

Source	Amount	Type
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____

Construction Type: (e.g., conventional. family. two story, manufactured housing etc.)

Development Costs:

Property Acquisition	$ _____
Infrastructure	$ _____
Construction	$ _____
Public Fees	$ _____
Project Reserves	$ _____
Other Costs	$ _____
Total Development Costs	$ _____

Agency Name: _____

    e.   Services provided:

    f.   Nature and extent of the Agency's role:

    g.   Brief History:

        Housing need or problem addressed:

        Successful aspects:

        Unusual features:

        Problems encountered:

        Lessons learned:

Several agencies will be selected to receive a "Director's Award for Housing Development Excellence". This award will highlight the important role of redevelopment agencies in addressing California's housing problems. Agencies will be selected based upon the description of an exemplary project or program and in consideration of the leadership role of the agency, the creativity or innovative nature of the project or program, and the overall merit of the project or program in addressing an identified housing problem or need.

Use of Other Redevelopment Funds for Housing

15. Please briefly describe the use of any non-LMIHF redevelopment funds (i.e., contributions from the other 80% of tax increment revenue) to construct, improve, assist, or preserve housing in the community.

Resource Needs

16. What additional training, information, authority, or other resources would help your agency more quickly and effectively use its Housing Funds to increase, improve, and preserve affordable housing?

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for __each__ Housing Project.

Agency: _____

Redevelopment Project Area Name, __or__ "Outside": _____

Housing Project Name: _____

Project Address:

__Street:__	__City:__	__Zip:__

Owner Name: _____

Total Project Units:	**Restricted Units:**	**Unrestricted Units:**
#_____	#_____	#_____

Total Project Bedrooms: #_____   **Restricted Bedrooms: #_____**   **Unrestricted Bedrooms: #_____**

For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.

For the fiscal year being reported, was the Annual Monitoring Report received?:   ☐ YES   ☐ NO

Was this Project a development identified in Government Code Section 65863.10(a)(2)?   ☐ YES   ☐ NO

Number of Units Not in Compliance (income/ # of residents in unit):   #_____

Number of Bedrooms Not in Compliance (income/ # of residents in unit):   #_____

Number of Units Restricted for Special Needs: #_____
(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: #_____   ☐ Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# _____ TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS *(allowable use __only__ with "Other Housing Units Provided - Without LMIHF" money)*

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					
Termination					

Funding Sources:

Redevelopment Funds: $ _____
Federal Funds $ _____
State Funds: $ _____
Other Local Funds: $ _____
Private Funds: $ _____
Owner's Equity: $ _____
TCAC/Federal Award: $ _____
TCAC/State Award: $ _____
Total Development/Purchase Cost: $ _____

Check all appropriate form(s) listed below that will be used to identify all Project Units __or__ Project Bedrooms:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ With LMIHF (Sch HCD-D5)
☐ Without LMIHF (Sch HCD-D6)
☐ Without any Agency Assistance (Sch HCD-D7)

Agency: _____

Redevelopment Project Area Name, or "Outside": _____

Housing Project Name: _____

Check only one:
☐ Inside Project Area   ☐ Outside Project Area

Check only one.   If both apply, complete a separate form for each:
☐ Agency Developed   ☐ Non-Agency Developed

Check only one.   If both apply, complete a separate form for each:
☐ Rental   ☐ Owner-Occupied

Enter the number of replacement units and bedrooms for each applicable activity below:

A.   **New Construction Units:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

New Construction Bedrooms:

					1 Bedroom					2 Bedrooms				
					VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

3 Bedrooms					4 or more Bedrooms					Total Bedrooms				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B.   **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Substantial Rehabilitation Bedrooms:

					1 Bedroom					2 Bedrooms				
					VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

3 Bedrooms					4 or more Bedrooms					Total Bedrooms				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C.   **Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Non-Substantial Rehabilitation Bedrooms:

					1 Bedroom					2 Bedrooms				
					VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

3 Bedrooms					4 or more Bedrooms					Total Bedrooms				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add totals of all shaded "Total Elderly / Non Elderly Units"): [ ]

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed on the next page.

Agency Name: _____ Housing Project Name: _____

Check all appropriate form(s) listed below that will be used to identify remaining Project <u>Unit</u>s to be reported:

Inclusionary Units
☐ <u>Inside</u> Project Area (Sch HCD-D3)
☐ <u>Outside</u> Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ <u>With</u> LMIHF (Sch HCD-D5)
☐ <u>Without</u> LMIHF (Sch HCD-D6)
☐ Without <u>any</u> Agency Assistance (Sch HCD-D7)

Identify the number of Replacement <u>Units</u> which also have been counted as Inclusionary <u>Units</u>:

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

SCHEDULE HCD-D3

INCLUSIONARY HOUSING UNITS (<u>INSIDE</u> PROJECT AREA)

Agency: _____

Housing Project Name: _____

Check only one.   If both apply, complete a separate form for each:
☐ <u>Agency</u> Developed   ☐ <u>Non-Agency</u> Developed

Check only one.   If both apply, complete a separate form for each:
☐ <u>Rental</u>   ☐ <u>Owner-Occupied</u>

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B. **Substantial Rehabilitation Units (Jan 1, 1994 - Dec 31, 2000):**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. **Substantial or Other Rehabilitation Units (Jan 1, 1976 - Dec 31, 1993):**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

D. **Acquisition of Covenants (Only Multi-Family and Other Restrictions):**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL <u>UNITS</u> (Add totals of all <u>shaded</u> "Total Elderly / Non Elderly Units"): [ ]

If TOTAL <u>UNITS</u> is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project <u>Units</u> to be reported:

☐ Replacement Housing Units   ☐ Inclusionary Units (<u>Outside</u> Project Area)   Other Housing Units Provided:
   (Sch HCD-D2)   (Sch HCD-D4)   ☐ <u>With</u> LMIHF (Sch HCD-D5)
                                                                ☐ <u>Without</u> LMIHF (Sch HCD-D6)
                                                                ☐ Without <u>any</u> Agency Assistance
                                                                   (Sch HCD-D7)

Identify the number of Inclusionary <u>Units</u> which also have been counted as Replacement <u>Units</u>:

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

INCLUSIONARY HOUSING UNITS (<u>OUTSIDE</u> PROJECT AREA)

Agency: _____

Housing Project Name: _____

Check only one.   If both apply, complete a separate form for each:
☐ <u>Agency</u> Developed   ☐ <u>Non-Agency</u> Developed

Check only one.   If both apply, complete a separate form for each:
☐ <u>Rental</u>   ☐ <u>Owner-Occupied</u>

Check only one.   If both apply, complete a separate form for each:
☐ <u>One-to-One Credit</u>   ☐ <u>Two-to-One Credit</u>

Enter the number of units for each applicable activity below:

A.   **New Construction Units:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B.   **Substantial Rehabilitation Units (Jan 1, 1994 - Dec 31, 2000):**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C.   **Substantial or Other Rehabilitation Units (Jan 1, 1976 - Dec 31, 1993):**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

D.   **Acquisition of Covenants (Only Multi-Family and Other Restrictions):**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL <u>UNITS</u> (Add totals of all <u>shaded</u> "Total Elderly / Non Elderly Units"):   ▢

If TOTAL <u>UNITS</u> is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project <u>Units</u> to be reported:

☐ Replacement Housing Units   ☐ Inclusionary Units (<u>Inside</u> Project Area)   Other Housing Units Provided:
   (Sch HCD-D2)   (Sch HCD-D3)   ☐ <u>With</u> LMIHF (Sch HCD-D5)
                                                                                         ☐ <u>Without</u> LMIHF (Sch HCD-D6)
                                                                                         ☐ Without <u>any</u> Agency Assistance
                                                                                            (Sch HCD-D7)

Identify the number of Inclusionary <u>Units</u> which also have been counted as Replacement <u>Units</u>:

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Agency: _____

Redevelopment Project Area Name, or "Outside": _____

Housing Project Name: _____

Check only one:
☐ Inside Project Area   ☐ Outside Project Area

Check only one. If both apply, complete a separate form for each:
☐ Agency Developed   ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each:
☐ Rental   ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

A.   **New Construction Units:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B.   **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C.   **Other Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

D.   **Acquisition Only:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

E.   **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F.   **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

G. **Preservation (H&S 33334.2(e)(11), Rental Only):**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. **Subsidy (other than specified options here):**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. **Other Assistance:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL <u>UNITS</u> (Add totals of all <u>shaded</u> "Total Elderly / Non Elderly Units"): [   ]

If TOTAL <u>UNITS</u> is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project <u>Units</u> to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ <u>Inside</u> Project Area (Sch HCD-D3)
☐ <u>Outside</u> Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ <u>Without</u> LMIHF (Sch HCD-D6)
☐ Without <u>any</u> Agency Assistance (Sch HCD-D7)

Agency: _____

Redevelopment Project Area Name, <u>or</u> "Outside": _____

Housing Project Name: _____

Check only one:
☐ <u>Inside</u> Project Area   ☐ <u>Outside</u> Project Area

Check only one.   If both apply, complete a separate form for each:
☐ <u>Agency</u> Developed   ☐ <u>Non-Agency</u> Developed

Check only one.   If both apply, complete a separate form for each:
☐ <u>Rental</u>   ☐ <u>Owner-Occupied</u>

Enter the number of units for each applicable activity below:

A.   **New Construction Units:**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

B.   **Substantial Rehabilitation Units:**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

C.   **Other Non-Substantial Rehabilitation Units:**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

D. **Acquisition Only:**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

E. **Mobilehome Owner / Resident:**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

F. **Mobilehome Park Owner / Resident:**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

Agency Name: _____   Housing Project Name: _____

G. **Preservation (H&S 33334.2(e)(11), Rental Only):**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

H. **Preservation / Replacement (H&S 33334.3(h):**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

I. **Rental Replacement (H&S 33334.3(f)(1)(A):**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

J. **Subsidy (other than specified options here):**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

K. **Other Assistance:**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG

TOTAL UNITS (Add totals of all shaded "Total Elderly / Non Elderly Units"): [   ]

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ With LMIHF (Sch HCD-D5)
☐ Without any Agency Assistance (Sch HCD-D7)

OTHER HOUSING UNITS PROVIDED (WITHOUT <u>ANY</u> AGENCY ASSISTANCE)

> **NOTE:** Units described on this form cannot be listed on forms HCD-D2 through D6. On this form only report units which have not received <u>any</u> assistance (financial or nonfinancial) from the agency, even though, in some cases, some units in the same project may have been agency assisted.

Agency: _____

Redevelopment Project Area Name, <u>or</u> "Outside": _____

Housing Project Name: _____

Check only one.
   ☐ <u>Inside</u> Project Area   ☐ <u>Outside</u> Project Area

1. If the project is inside a project area, enter the number of units for each applicable activity below:

   A. <u>New Construction Units</u>: ☐

   B. <u>Substantial Rehabilitation Units</u>: ☐

   C. <u>Total Units</u>: ☐

   D. If _none_ of the units in the project had any financial or nonfinancial assistance from the agency, complete the following:

   Building Permit Number:_____   **Date of Building Permit:**____/____/____
                                                         mo   day   yr

2. If the project is outside of a project area, enter the number of units for each applicable activity below:

   A. <u>New Construction Units</u>: ☐

   B. <u>Substantial Rehabilitation Units</u>: ☐

   C. <u>Total Units</u>: ☐

Check all appropriate form(s) listed below that will be used to identify remaining Project <u>Units</u> to be reported:

☐ Replacement Housing Units   Inclusionary Units: Other Housing Units Provided:
   (Sch HCD-D2)   ☐ <u>Inside</u> Project Area (Sch HCD-D3)   ☐ <u>With</u> LMIHF (Sch HCD-D5)
                               ☐ <u>Outside</u> Project Area (Sch HCD-D4)   ☐ <u>Without</u> LMIHF (Sch HCD-D6)

CALCULATION OF INCREASE IN AGENCY'S INCLUSIONARY OBLIGATIONS DURING THE REPORTING YEAR

NOTE: The information on this form should be a summary of the totals of all new construction or substantial rehabilitation units from forms HCD-D2 through HCD-D7 which are (a) developed anywhere by the agency and (b) developed in a project area by a person or entity other than the agency.

PART I - (H&SC Section 33413(b)(1))	
1. New Units Developed by the Agency	
2. Substantially Rehabilitated Units Developed by the Agency	
3. Subtotal - Baseline of Units Developed by the Agency (add lines 1 & 2)	
4. Subtotal of Inclusionary Obligation Accrued this Year for Units Developed by the Agency (line 3 x 30%)	
5. Subtotal of Inclusionary Obligation Accrued This Year for Very-Low Income Units Developed by the Agency (line 4 x 50%)	
PART II - (H&SC Section 33413(b)(2))	
6. New Units Developed in a Project Area by Any Person or Entity Other Than the Agency	
7. Substantially Rehabilitated Units Developed by Any Person or Entity Other Than the Agency	
8. Subtotal - Baseline of Units Developed by Any Person or Entity Other Than the Agency (add lines 6 & 7)	
9. Subtotal of Inclusionary Obligation Accrued this Year for Units Developed by Any Person or Entity Other Than the Agency (line 8 x 15%)	
10. Subtotal of Inclusionary Obligation Accrued This Year for Very-Low Income Units by Any Person or Entity Other Than the Agency (line 9 x 40%)	
PART III - TOTALS	
11. Total Increase in Inclusionary Obligations During This Fiscal Year (add lines 4 and 9)	
12. Total Increase in Very-Low Income Units Inclusionary Obligation During This Fiscal Year (add Lines 5 and 10) **NOTE: LINE 12 IS A SUBSET OF LINE 11**	